

Human Resources Office
818 W. 7th Street, 12th Floor
Los Angeles, CA 90017
(213) 236-1910 (jobline)
(213) 236-1931
www.scag.ca.gov

APPLICATION FOR EMPLOYMENT



Please type or print this application in blue or black ink. This application is also available at our website for you to complete, print, sign and mail to us. Read all directions carefully. Before completing this form, please read the desirable qualifications and/or minimum requirements for the job in which you are interested. Your consideration for the position will depend upon the information you provide on this application.

Incomplete applications will result in disqualification.

APPLICANT INFORMATION

| | | | |
|-------------------------|-------------|------------------------|-----------------|
| POSITION APPLYING FOR | | SOCIAL SECURITY NUMBER | |
| LAST NAME | FIRST | MIDDLE | |
| ADDRESS () | CITY () | STATE | ZIP |
| HOME PHONE NUMBER | | WORK PHONE NUMBER | |
| DRIVER'S LICENSE NUMBER | | STATE | EXPIRATION DATE |

BACKGROUND INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been employed by the Southern California Association of Governments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any relatives employed by the Southern California Association of Governments? If yes, list names and relationship below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been discharged or forced to resigned from any position because of misconduct or unsatisfactory performance? If yes, list below the employer, reason for discharge, and date. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you or have you been a member of the CalPERS retirement system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you, after an offer of employment, submit proof of U.S. citizenship or proof of your eligibility to work in the United States? If no, please explain below. | <input type="checkbox"/> | <input type="checkbox"/> |

EXPLANATION OF QUESTIONS

EDUCATION, JOB-RELATED TRAINING, AND SKILLS

Do you have a high school diploma or an equivalent? ☐ Yes ☐ No

| Name of College/University | City and State | Type of Degree | Major |
|----------------------------|----------------|----------------|-------|
| | | | |
| | | | |
| | | | |

JOB-RELATED TRAINING AND SKILLS:

EXPERIENCE

Beginning with your current or most recent position, please list your employment record for the last ten years. Include an explanation of gaps in employment. **ALL REQUESTED INFORMATION MUST BE PROVIDED.** A resume may substitute for the description of job duties section; however, all other requested information must be provided in order for your application to be considered complete. You may attach additional copies of this page if necessary.

| | | | |
|--|--|-------------------|-------------|
| FROM: | EMPLOYER NAME: | | JOB TITLE: |
| TO: | ADDRESS: | | JOB DUTIES: |
| # HRS/WK: | IMMEDIATE SUPERVISOR'S NAME AND TITLE: | | |
| SALARY: | # OF EMPLOYEES: | TYPE OF BUSINESS: | |
| PHONE NUMBER: | REASON FOR LEAVING: | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| | | | |
|--|--|-------------------|-------------|
| FROM: | EMPLOYER NAME: | | JOB TITLE: |
| TO: | ADDRESS: | | JOB DUTIES: |
| # HRS/WK: | IMMEDIATE SUPERVISOR'S NAME AND TITLE: | | |
| SALARY: | # OF EMPLOYEES: | TYPE OF BUSINESS: | |
| PHONE NUMBER: | REASON FOR LEAVING: | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

| | | | |
|--|--|-------------------|-------------|
| FROM: | EMPLOYER NAME: | | JOB TITLE: |
| TO: | ADDRESS: | | JOB DUTIES: |
| # HRS/WK: | IMMEDIATE SUPERVISOR'S NAME AND TITLE: | | |
| SALARY: | # OF EMPLOYEES: | TYPE OF BUSINESS: | |
| PHONE NUMBER: | REASON FOR LEAVING: | | |
| MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING. I hereby certify that all statements made in this application are correct to the best of my knowledge and belief, and I hereby authorize the Southern California Association of Governments (SCAG) to investigate any information I have given herein, with the understanding that misrepresentation or omission of facts may result in not being considered further for or being terminated from employment. I hereby authorize all my employers, personal references, and any other person(s) to provide any and all information about me, including confidential or privileged information. I hereby release any and all employers from any liability or damage that may result from furnishing the information requested. I understand that my employment is subject to a satisfactory reference and background check.

I understand that if I am employed by SCAG, I will be employed on a probationary status test period during which I may be removed at any time. I understand that once I have successfully completed the probationary period, I may be dismissed for cause pursuant to the rules and procedures set forth in the SCAG personnel rules.

SIGNATURE

DATE

OFFICE USE ONLY

Qualified: ☐ Yes ☐ No
 Reason: ☐ Education ☐ Experience ☐ Other: _____

EEO AND ADVERTISING SURVEY

POSITION APPLIED FOR _____

NAME _____

In order to comply with Federal and State reporting requirements and to evaluate and improve our recruitment efforts, we request your completion of this form. The information you provide will not be considered for employment decisions, and will be kept separate from the employment application.

EEO REPORTING INFORMATION

Gender: ☐ Male ☐ Female

Age: _____

Do you have any mental or physical disabilities for which you may need workplace accommodations or special testing arrangements:

☐ Yes* ☐ No

*If you need special testing arrangements, it is your responsibility to notify Human Resources as early in the process as possible, but no less than three business days prior to the test part.

Ethnicity:

- ☐ **Black (not of Hispanic origin):** All persons having origin in any of the Black racial groups of Africa.
- ☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Filipino:** Persons having origins in any of the original people of the Phillippine Islands.

RECRUITMENT SOURCE INFORMATION

How did you hear of this job opportunity?

- ☐ Job Flyer
- ☐ Jobs Available Employment Guide
- ☐ SCAG Website
- ☐ SCAG Employee: _____
(Name of Employee)
- ☐ Los Angeles Times
- ☐ Other Newspaper: _____
- ☐ Association/Organization: _____
(Specify)
- ☐ Online: _____
(Specify website address)
- ☐ Other: _____
(Specify)

CONVICTION SUPPLEMENT

POSITION APPLIED FOR _____

NAME _____

Conviction of a felony will not necessarily result in automatic disqualification for the position, nor will conviction of a misdemeanor. However, failure to give complete and accurate information may be grounds for rejection of this application, removal of your name from the eligibility list or dismissal from your position. This information will be reviewed after the completion of the selection process and will not be provided to interviewers. If necessary, use another sheet to list additional convictions. **You must give a complete report of all convictions.**

Have you ever been convicted, placed on probation, forfeited bail or paid a fine for a violation of any civil or military law except for minor traffic infractions?

☐ Yes ☐ No ☐ Awaiting Disposition

If no, sign and date below and return this form with your application.

If yes, explain below. This includes, but is not limited to: driving while under the influence (DUI) and possession of illegal or controlled substances. It does not include minor traffic violations or expunged criminal convictions.

1. Misdemeanor _____ Felony _____

Type of offense: _____

Date: _____ Place: _____

Disposition: _____

2. Misdemeanor _____ Felony _____

Type of offense: _____

Date: _____ Place: _____

Disposition: _____

I certify that the above information is true and complete to the best of my knowledge.

SIGNATURE _____

DATE _____